

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

Serial No. **10/510116**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81						
2		1		1			82						
3		2		1			83						
4		0		1			84						
5		0		1			85						
6		0		1			86						
7		0		1			87						
8		1		1			88						
9		0		1			89						
10		0		1			90						
11		0		1			91						
12		0		1			92						
13		0		1			93						
14		0		1			94						
15							95						
16							96						
17							97						
18							98						
19							99						
20							100						
21							TOTAL IND.		↓		↓		↓
22							TOTAL DEP.	14	←	13	←		←
23							TOTAL CLAIMS	15		14			
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